

UNITED STATES BANKRUPTCY COURT  
Western District of Missouri

F I L E D

7/14/10

U.S. Bankruptcy Court  
Western District of Missouri

In re: Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):

Robert Eugene Phariss  
PO Box 29206  
Parkville, MO 64151

Case No.:  
10-50645-jwv7

Social Security No.:  
xxx-xx-6064

**NOTICE TO CREDITORS AND OTHER PARTIES IN INTEREST  
OF THE NEED TO FILE CLAIMS**

Notice is hereby given that:

It appeared from the schedules of the debtor at the time of filing that there was no estate from which any dividend could be paid to creditors, and the notice to creditors advised that it was unnecessary for any creditor to file his claim at that time.

It now appears that there is an estate from which a dividend to creditors may be paid and creditors must now file claims in this case in order to share in any distribution from the estate.

**CLAIMS MUST BE FILED ON OR BEFORE**

**10/14/10**

**You must file an original claim and a summary of attachments with the Court.  
You must also file a copy with the debtor's attorney.  
Debtor's attorney and trustee must receive documentation of your claim.**

Claims which are not filed on or before the above date will not be allowed, except as otherwise provided by law. A claim may be filed in the office of the Bankruptcy Court on an official form prescribed for a proof of claim.

Creditors who have previously filed a claim in this case need not file again.

**Creditors who move prior to receiving a final distribution must notify the Court  
of any change of address.**

FILE PAPER CLAIMS WITH:

United States Bankruptcy Court  
400 East 9th Street, Room 1510  
Kansas City, MO 64106

FILE ELECTRONIC CLAIMS:

[ecf.mowb.uscourts.gov](http://ecf.mowb.uscourts.gov)

Date of issuance: 7/14/10

/s/ Ann Thompson , Court Executive



B10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Western District of Missouri		PROOF OF CLAIM
Name of Debtor: Robert Eugene Phariss	Case Number: 10-50645	
<b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		
Name and address where notices should be sent:    Telephone number:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim No.:</b> _____  Filed on: _____	File original and summary of attachments with the Court.  Mail additional copy to debtor's attorney and trustee along with supporting documents.  US Bankruptcy Court 400 East 9th Street Room 1510 Kansas City MO 64106  Or file electronically at: <a href="http://ecf.mowb.uscourts.gov">http://ecf.mowb.uscourts.gov</a>
Name and address where payment should be sent (if different from above):    Telephone number:	<input type="checkbox"/> Check this box if you are aware that someone else filed a proof of claim relating to your claim. Attach a statement giving particulars.  <input type="checkbox"/> Check this box if you are the Debtor or Trustee in this case.	Chapter 7
<b>1. Amount of Claim as of Date Case Filed:</b> \$ _____  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</b>	
<b>2. Basis for Claim:</b> _____ (See instruction #2 on reverse side.)	Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	
<b>3. Last four digits of any number by which creditor identifies debtor:</b> _____  <b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a on reverse side.)	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(__).	
<b>4. Secured Claim</b> (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Describe Value of Property: \$ _____ Annual Interest Rate ___ %  Amount of arrearage and other charges as of time case was filed included in secured claim, if any: \$ _____ Basis for perfection: _____  <b>Amount of Secured Claim: \$ _____      Amount Unsecured: \$ _____</b>	<b>Amount entitled to priority:</b> \$ _____	
<b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  <b>7. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.	<i>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>	
If the documents are not available, please explain:		
<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	<b>FOR COURT USE ONLY</b>	
Date: _____ Signature: _____		

**B10 (Official Form 10) (04/10) - Cont.**

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**4. Secured Claim:**

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a):**

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS**

**INFORMATION**

**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101(10).

**Claim**

A claim is the creditor's right to receive payment on a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. §506(a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C.**

**§507(a)** Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

**CERTIFICATE OF NOTICE**District/off: 0866-5  
Case: 10-50645User: anstines  
Form ID: 506Page 1 of 1  
Total Noticed: 10

Date Rcvd: Jul 14, 2010

The following entities were noticed by first class mail on Jul 16, 2010.

db +Robert Eugene Phariss, PO Box 29206, Parkville, MO 64152-0706  
 13570185 Credit One, LLC, PO Box 625, Metairie LA 70004-0625  
 13570186 +Enhanced Recovery Corporation, 10550 Deerwood Park Blvd., Suite 600,  
     Jacksonville FL 32256-2811  
 13570187 +Kramer and Frank, P.C., 1125 Grand Blvd., Suite 600, Kansas City MO 64106-2501  
 13570188 +NCO Financial Group, 507 Prudential Road, Horsham PA 19044-2368  
 13570190 +OCMAC, LLC, c/o Faber and Brand, LLC, Michael L. Foster, Attorney, PO Box 10110,  
     Columbia MO 65205-1010  
 13570191 ++PORTFOLIO RECOVERY ASSOCIATES LLC, PO BOX 41067, NORFOLK VA 23541-1067  
     (address filed with court: Portfolio Recovery Association, Riverside Commerce Center,  
     120 Corporate Blvd., Suite 100, Norfolk VA 23502-4962)  
 13570192 State Farm Bank Fin Cards, PO Box 2316, Bloomington IL 61702-2316

The following entities were noticed by electronic transmission on Jul 14, 2010.

smg E-mail/Text: ecfnotices@dor.mo.gov Missouri Department of Revenue,  
     General Counsel's Office, PO Box 475, Jefferson City, MO 65105-0475  
 13570182 EDI: CAPITALONE.COM Jul 14 2010 17:28:00 Capital One Bank USA, PO BOX 30281,  
     Salt Lake City UT 84130-0281

TOTAL: 2

## \*\*\*\*\* BYPASSED RECIPIENTS (undeliverable, \* duplicate) \*\*\*\*\*

13570189 None  
 13570183\* Capital One Bank USA, PO BOX 30281, Salt Lake City UT 84130-0281  
 13570184\* Capital One Bank USA, PO BOX 30281, Salt Lake City UT 84130-0281

TOTALS: 1, \* 2, ## 0

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.  
 USPS regulations require that automation-compatible mail display the correct ZIP.

Addresses marked '++' were redirected to the recipient's preferred mailing address  
 pursuant to 11 U.S.C. 342(f)/Fed.R.Bank.PR.2002(g)(4).

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

**Meeting of Creditor Notices only (Official Form 9): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.**

Date: Jul 16, 2010

Signature:

